

Final Report on Grant Funds from Fiscal Year 2015-2016
EXHIBIT A
SCOPE OF WORK/WORK PLAN FORMAT

Grant Funds in Fiscal Year 2015-16: \$175,000

Program/Project Summary: **SLO Noor Clinic – Healthcare for the Uninsured**

During the 2015-2016 grant period, SLO Noor Foundation continued its mission to provide free medical, eye, and dental care to uninsured adults in SLO County regardless of race, ethnicity, religion, immigration or socioeconomic status. We provided primary care exams and treatments, vision, dental, physical therapy, health education, and auxiliary services with an emphasis on preventative care. By evaluating and treating patients via these multiple perspectives, SLO Noor contributed to the overall health and wellness of the population and helped to reduce healthcare costs countywide. Over 3900 patient encounters were completed at all clinics in this fiscal year, up from 3200 in the prior year. More patients also meant additional supplies, equipment, utilities, etc. were needed. With two locations and added hours of operation, we focused energy on strengthening our administrative infrastructure and systems to reach a higher level of sophistication, capacity, and efficiency.

Goal/Objective	Major Tasks (in order to achieve goal)	Timeline
Continue to provide primary care exams/treatments, vision care, dental care, physical therapy, health education & auxiliary services.	<p>A. Continue utilizing volunteer & paid medical professionals to deliver patient care services</p> <p>B. 90% (or more) of patient care team to be volunteers</p> <p>C. Replenish supplies and small equipment as needed.</p> <p>D. Continue current discounted rate arrangements for diagnostic screenings, specialty procedures, optical and dental lab services that cannot be performed on site.</p> <p>E. Provide refresher courses or new protocol training to existing patient care teams.</p> <p>F. Train new patient care team members (volunteer or paid) on I-Stat equipment, Dentrix computer software, and other resources as appropriate.</p> <p>G. Retain current & recruit new specialists (medical/vision/dental) to aid with complex patient cases.</p>	<p>A. The goal was met 100%.</p> <p>B. 90% (or more) of patient care team continues to be volunteers.</p> <p>C. Supplies and small equipment replenished as needed to continue direct patient services.</p> <p>D. Discounted arrangements continued through collaborations with Sierra Vista Labs, Radiology Associates, Central Coast pathology and dental lab services.</p> <p>E. Met 100% throughout the year with new volunteers and providers, including through collaboration with the Board of Directors and Executive Director.</p> <p>F. Met 100% throughout the year as needed with new volunteers and providers.</p> <p>G. Current volunteer providers remained available for services. New volunteers include new RN's, and multiple 2nd year resident doctors from Marion Dignity Residency program in addition to other new community volunteers.</p>

Add new services based on determination/evaluation of unmet needs within the population we currently serve.	<p>A. Women's Health: begin offering pelvic exams/pap smears in-house at least 1 day/month.</p> <p>B. Auditory: Begin offering hearing evaluations and hearing aids for appropriate patients.</p>	<p>A. Women's Health services set to begin July 2016.</p> <p>B. Continue to seek audiology services in the area to refer patients with this need.</p>
Offer dental services more days/hrs. weekly as quickly as sufficient personnel is available.	<p>A. Evaluate size of wait list</p> <p>B. To defray overhead costs, negotiate/secure renewal of 1 day/wk. sublease with Tolosa Children's Dental Center. Offer to increase sublease to 2 days/wk.</p> <p>C. Order additional supplies and small equipment as needed</p>	<p>A. The long wait list for dental services has been affected, however, demand for dental services remains high due to the amount of people without dental care in our target group.</p> <p>B. Sublease was renewed for one day weekly with Tolosa Children's Dental Center. SLO Noor Dental patient load required needing the clinic on the remaining 4 days weeks.</p> <p>C. On-going orders placed as needed for direct patient services.</p>
Explore ways to increase capacity to accept additional vision care patients	<p>A. Continue discussions begun in 2014</p>	<p>A. Volunteer optometrists (3) and ophthalmologists (3) continued to provide services. Some eye clinics served up to 22-30 patients in a 4 hour period to meet demand. A collaboration with the VSP Mobile Van allowed SLO Noor volunteer optometrists to serve over 200 people in 2 days. Additional vouchers were provided to patients who were unable to get an appointment at the Van and appointments were set in the SLO Noor Vision clinic for follow up.</p>
Increase outreach activities to publicize available services. Emphasis on the Latino and farm worker populations and to decrease use of ERs for non-emergencies.	<p>A. Continue discussions begun in 2014</p> <p>B. Schedule presentation opportunities</p> <p>C. Produce materials to aid outreach activities</p>	<p>A. Ongoing</p> <p>B. A volunteer focused on marketing in the N. Cty which increased patient load from that area, particularly in farm worker pop. by 25%. Presentations have been made in Nipomo, Pismo Beach, Arroyo Grande, Paso Robles with broader outreach being scheduled for the rest of the year.</p> <p>C. We continue to translate all brochures and other materials into Spanish and broadly distribute these in various areas throughout the Cty.</p>

Continue or expand collaborative relationships with other service providers	<p>A. Continue or expand programs for health education with FHMC</p> <p>B. Expand HepC testing begun in 2014 with AIDS Support Network</p> <p>C. Continue or expand collaboration with Alliance for Pharmaceutical Access</p> <p>D. Explore new opportunities</p>	<p>A. Beginning July 2015, an average of 5 SNC patients were referred to French Hospital education programs monthly. French Hospital refers a diabetic nutrition specialist to the SLO Noor Clinic to directly educate patients on healthy living.</p> <p>B. HepC Program collaboration was successfully completed.</p> <p>C. APA now has pro-bono office space in SNC Med/Eye clinic, 4 days/wk. to serve both SNC and community patients.</p> <p>D. 2nd Year Residents with Marion Dignity Health doing weekly rotations at SNC.</p>
Identify/secure additional sources of revenue	<p>A. Contribute to Endowment Fund established 12/2013</p> <p>B. Pursue compensation for participation in clinical trial(s)</p> <p>C. Prepare to have an audit done to open doors for new grant application opportunities</p> <p>D. Continue to promote for additional participation in our Miracle Thousand donation plan</p> <p>E. Solicit collaborations, sponsors, & attendees for repeat & new fundraising events.</p>	<p>A. Will include small % of unrestricted private donations only for this fund.</p> <p>B. Continue to receive periodic clinic trials from Discovery Life Sciences for compensation.</p> <p>C. Audit completed for 2014. Seeking reasonably priced auditor for 2016.</p> <p>D. Ongoing focus on Miracle Thousand and other fundraising programs.</p> <p>E. Gained support from City of SLO for annual fundraising event, seeking sponsors from corporations in the area, creating database for better access to attendees.</p>
Strengthen administrative infrastructure and systems to a higher level of capacity, sophistication, and efficiency	<p>A. Hire a part-time Executive Director to provide oversight for administrative activities, protocols, systems, fund development, accounting, inventory control, pre-audit preparation, and ITT needs.</p>	<p>A. FT Executive Director hired in August, 2015 to provide oversight of activities, develop protocols, fund development, etc.</p>

Program/Project OUTPUTS:

Output Measures:

- Medical/vision/dental professionals provided almost 4,000 patient encounters during a 12-month period.
- 300 (or more) patients received physician, optometrist or dentist-advised diagnostic testing and/or specialty procedures not currently available on-site at clinic.
- 1400 (or more) lab tests were conducted in-house during a 12-month period.

Data was collected on:

- The number and type(s) of health education given to patient/family seen at our clinic.
- The number of referrals sent to sub-specialists and type of specialist needed.

- The medication assistance provided by Alliance for Pharmaceutical Access.
Program/Project OUTCOMES:
<p>We will measure the effectiveness of our program with these goals in mind:</p> <ul style="list-style-type: none"> - Dental care services will be offered 3 days/wk (at least) before end of 2015. Mondays are for dental patient intake including completion of intake documents and X-Rays to prep the patient for the dentist. Dental appointments are held on Tues., Wed., Fri, based on the availability of volunteer dentists. - 5% (or more) increase in total number of patients served in 2015 compared to 2014 figures. Over 8% increase was achieved in total patient encounters. There were 3200 patient encounters in 2014 and over 3900 patient encounters in 2015. - 75% of our in-house lab testing/sampling costs were lower than local "market rate." - 75% of clinic patients did not seek primary care at a hospital ER. Of the 3900 patient encounters, approx. 45 were advised to seek help from the hospital ER by a SLO Noor physician. - 100% of patients received health education related to their clinic visit from the Physician Asst., Nurse Practitioner or doctor in the medical clinic and from the dentist or hygienist at the dental clinic. - 100% of patients received services at no charge. All patients are screened for income and lack of insurance. - 85% (or more) respondents of patient satisfaction surveys ranked the clinic's performance as "highly favorable." 95% of patients surveyed in the clinic mentioned clinic performance as "highly favorable."

1. Scope of Work/Work Plan – FY 2015-16

Practice Definition

The SLO Noor Clinic is insured and fully licensed to provide acute, non-emergent care while strictly adhering to all accepted and approved practice policies. Medical, eye, dental and specialty care are provided for uninsured patients free of charge. We are the only safety net clinic serving SLO County. Services are provided by a primarily volunteer staff of licensed physicians, optometrists, ophthalmologists, nurses, physical therapists, dentists, dental hygienists, and community volunteers.

New Services

Plans to provide women's health services (pelvic exams/pap smears, etc.) on-site are underway to start in July 2016. There will be some costs for supplies associated with this important preventative health screening for women.

Services for auditory evaluations and hearing aids continue to be explored as this is an unmet need for the population we serve. Potential costs (for testing equipment and hearing aids) are also being researched, as are grant opportunities for funding.

Dental Services

Demand for dental services remains high even though dental services have expanded from two days/weekly to three and sometimes four days depending on the availability of dental service providers. The backlog of men/women who have already been pre-screened for clinic eligibility, but are waiting for an initial appointment slot remains high. There is an average of 200 patients waiting for a dental

appointment at any time. Of those, at least half have extremely severe dental problems that need immediate attention. This indicates the great need for more dentists and hygienists. The value of dental services in the fiscal year was \$658,861 and included services from fillings to root canals. We are actively recruiting dentists throughout the county to serve patients from their office. The requested funding of \$7000 for dental equipment was used to fund a dental intraoral camera, plus three 22" LED computer monitors to aid in the dental diagnosis process. The Paso Robles based Tolosa Children's Dental Center, continues to lease our clinic on Thursdays each week.

Vision Care

Our vision professionals monitored 155 patients for hypertension/heart disease, 91 for diabetes, and 34 for glaucoma. We found that 72 people had an eye exam for the first time. Eye clinics are held an average of 2 times a week depending on provider availability. Due to the inability to get vision coverage, the eye clinics remain full.

Outreach Activities

We continue our partnership with French Hospital and Sierra Vista Hospital to place SLO Noor brochures in both English and Spanish in the ER waiting rooms. One of our board members participates with the Promotoras Collaborative of SLO County and in collaborative events with the Latino Health Coalition. Additionally, a focused outreach effort to the N. County has increased patients from that area by 25%.

Expand Collaborative Relationships

We continue our collaborative relationship with the Alliance for Pharmaceutical Access (APA) by providing office space and supplies for the SLO Cty APA representative. This allows easier access to our patients and to community patients for medication services. We successfully completed our collaboration with the AIDS Support Network, HepC testing program. The Marion Dignity Health Resident program started regular rotations in the medical clinic in January 2016. Two doctors from the Marion Dignity program serve as supervising physicians along with two volunteer physicians from SLO Noor. We hope this collaboration will encourage new doctors to remain in the area.

Broadening Revenue Sources

Fundraising efforts continue as we develop the Miracle Thousand sustainable giving program by seeking a minimum 10/monthly donation to build more financial resources through community support. The Discovery Life Science, bio-medical research laboratory based in Los Osos has contracted with SLO Noor to be one of their research labs. We receive a stipend for each research specimen we provide. The "Compassionate Hearts of Noor, 3rd Annual Thrift & Consignment Store Fashion Show event was held on Sunday, June 26 the Congregation Beth David to a sold out crowd.

Strengthen administrative infrastructure and systems

A first ever Executive Director was hired in August 2015 to organize, strategize and strengthen internal and external operations. We remain primarily volunteer based with an increased number of volunteers with higher levels of experience serving for more consistent periods of time. These changes have helped to release Dr. Nooristani and Dr. Rupert Chowins from administrative duties so they can provide more direct patients services.

PROGRAM BUDGET REQUEST FORM

	Project Expense	Grant Budget Requested	Other Funding Available* Amt. & Source
I. PERSONNEL EXPENSES (associated with the proposed project)			
Clinic Manager – 40hrs/wk (\$3,570 mo.)	\$ 42,848		\$11,500
Clinic Administrator – 30 hrs/wk (\$2,600 mo)	\$ 31,200		\$ 9,375
Physician Asst./Nurse Practitioner – 20hrs/wk (\$4,333 mo)	\$ 52,000	\$14,000	\$ 1,500
Dental Asst./Office Mgr – 40hrs/wk (\$3,466 mo.)	\$ 41,600	\$12,000	
Exec. Director – 30hrs/wk (12 mos \$4,719/mo)	\$ 56,632		
(Taxes & Benefits included in figures listed)			
(We project Volunteer hours value @ \$445,000+/yr)			\$175,905
Subtotal – Personnel Expenses	\$224,280	\$ 26,000	\$198,200
II. OPERATING EXPENSES (associated with the proposed project)			
Patient Care Expenses	\$154,536	\$90,000	\$12,000
Medical Expenses (Est. \$876)			\$3,000
Supplies (Est. \$63,300)			\$1,000
Supplies/Vision (Est. \$6,000)			\$2,750
400 lens ground for prescription eyeglasses @ \$15/ea			\$5,000
Maint./Repair - Medical (Est. \$3,000)			\$23,750
Haz. Waste Disp. (Est. \$2,400)			
Diagnostics/Specialty (Est. \$78,960)			
<i>Possible breakdown, but this is an estimate:</i>			\$1,500
100 Mammograms (Avg. \$210 ea = \$21,000)			\$9,000
115 X-rays (Avg. \$174 ea = \$20,010)			\$4,000
9 Colonoscopies (Avg. \$2,758 ea = \$24,822)			\$2,000
12 PSAs (Avg. \$80 ea = \$960)			\$4,500
10 CT Scan:Neck/Pelvis/Spine (@\$1,216=\$12,160)			\$12,000
Core Operating Expenses	\$104,321	\$29,572	\$4,800
			\$55,307
Capital Outlay (Perm. Equip) Dental Equip.	\$ 7,000	\$ 7,000	
Subtotal – Operating Expenses	\$265,857	\$115,440	\$116,857
VI. INDIRECT @10% OF PAID PERSONNEL		\$ 22,428	
Total Grant Project Expenses	\$490,137	\$175,000	\$315,137

BUDGET NARRATIVE:

Request for Application – FY 2015-16

All grant funds were expended as requested in the application.

Personnel: Use of funds granted in 2015-2016. We requested \$14,000 for the Physician Asst. position. Of that, \$7,000 was used for the Physician Assistant and \$7,000 for the Nurse Practitioner who replaced the NP in 2016. The \$12,000 requested for the Registered Dental Asst (RDA), was used for that position. Additional funding came from grants, donations & fundraising events.

OPERATING EXPENSES:

Patient Care Expenses: As a free clinic, expenses to provide medical, eye and dental services to the uninsured remain high. The money from this grant was imperative to keep services available to the uninsured in the county. Grant funds of \$90,000 for patient care expenses including medical supplies and maintenance were expended as requested. Categories covered included Diagnostics/Specialty Treatments, Hazardous Waste, Medical Supplies, Dental Supplies, Vision Supplies, repairs and maintenance of medical equipment. The balance of funds came from grants, donations & fundraising events.

Core Operating Expenses: These expenses were necessary to provide patient care operations. The total amount of \$29,572 from grant funds were expended as requested in this category for rent, utilities, phone/Internet, insurance, licenses & permits, office supplies, prof. fees, repairs/maintenance and related expenses. The balance of funds came primarily from unrestricted funds (fundraising, donations), clinical studies revenues, rent from sublease to Tolosa Children's Dental Center and other grants.

Capital Outlay: A request for \$7,000 was provided for Capital Outlay. Purchased were necessary items for the Dental Clinic: an intraoral camera (\$3,045) with three 22" LED computer monitors – 1 each for the 3 exam stations (\$909) and (\$3,046) to replace a periodontal system used during root planning procedures.

ACA Impact: No impact to our program is expected. As a free clinic, we do not require or accept insurance. However, according to CaliforniaHealthRankings.org (2016) 16% of SLO County remains uninsured. In order to better advise patients, we created a referral program to local insurance providers who specialize in the Affordable Care Act (ACA) as well as other insurance coverage's. Patients were encouraged to contact one of the providers to discuss the possibility of signing up for any type of insurance coverage if at all. Doing this helped us stay true to our mission of serving the uninsured.